

CHAPTER ONE

CLARIFICATIONS AND INSTRUCTIONS

Revised July 2005

CHAPTER ONE - CLARIFICATIONS AND INSTRUCTIONS

I. CLIENT ELIGIBILITY (ADULTS AND YOUTH)

- A. The County shall allocate Community Services treatment funds in accordance with the county plan and in a manner that assures the best feasible access to appropriate services for INDIGENT and LOW-INCOME clients, PROVIDED, however, that access to services shall be first offered to persons within the following priority categories:
- Pregnant Women;
 - Injecting Drug Users (IDUs);
 - Persons infected with HIV/AIDS;
 - Parents with dependent children, including Child Protective Service (CPS) referrals;
 - Clients who have completed the Division of Alcohol and Substance Abuse (DASA)-funded residential treatment and have further outpatient treatment prescribed in their treatment plan.
- B. All clients eligible for publicly-supported services shall be offered services supported by this Program Agreement on a first come first-serve basis, PROVIDED, however, that persons in the priority categories listed above shall be offered services as follows to be consistent with state policy and Federal Block Grant requirements.
1. Counties shall ensure that pregnant women are provided with comprehensive assessment services within 48 hours of referral and treatment services no later than seven days after the assessment has been completed. "Waiting List Interim Services" must commence upon request for services when comprehensive services are not immediately available.
 2. Counties shall ensure that injection drug users are provided comprehensive assessment and treatment services no later than 90 14 days after the service has been requested. "Waiting List Interim Services" (See Chapter 1, Section VII) must commence upon request for services when comprehensive services are not immediately available.
 3. Counties shall ensure that parents with dependent children are provided comprehensive assessment and treatment services no later than 90 days after the service has been requested. "Waiting List Interim Services" must commence upon request for services when comprehensive services are not immediately available. Dependent children are defined as children under age 18 living with the parent or

through age 20 if enrolled in school and financially supported by the parent. Parents include persons who are attempting to regain custody of their children under the Department of Social and Health Services (DSHS) supervision. Parents include postpartum women for up to one-year post delivery, regardless of birth outcome, adoption or foster care placement of children.

4. Counties must give admission priority into ADATSA outpatient treatment slots to clients who are completing ADATSA residential treatment and are returning to their local area for continuing outpatient services.

II. CLIENT FUNDING

A. Client Financial Eligibility:

1. DEFINITIONS:

- a. INDIGENT CLIENTS are defined as those receiving a DSHS income assistance grant (e.g., GAU, GAX, ADATSA, TANF, SSI) or medical assistance. They are usually identified by a medical coupon or Medicaid identification card. Food stamp recipients are not considered indigent clients unless they also receive one of the above grant or medical assistance programs.
- b. LOW-INCOME CLIENTS are defined as those individuals whose gross household monthly income does not exceed the monthly income as stated in the Low Income Service Eligibility Table in Section B. Those individuals whose monthly income falls below the amount listed on the table are considered low-income. These individuals are eligible to receive services partially supported by Community Services funds.

2. The County and all its approved subcontractors are hereby delegated the authority to determine eligibility for clients served pursuant to this Program Agreement. The following criteria must be used to determine eligibility:

- a. The eligibility is to be determined in accordance with Chapter 70.96A.100 and 180; and
- b. ADATSA clients shall meet eligibility requirements in accordance with applicable sections of 388-800 or its successor, of the Washington Administrative Code; and
- c. Clients receiving services supported by Title XIX funds must meet the eligibility requirements in accordance with the billing instructions for Chemical Dependency Title XIX Contractors.

3. The County shall ensure that all persons applying for services supported by Community Services contract funds are screened for financial eligibility. In addition, an inquiry regarding clients continued financial eligibility shall be conducted no less than once each month. Evidence of each financial screening shall be documented in individual client records.
4. If any service defined in this Program Agreement is available free of charge from the contractor to persons who have the ability to pay, the County shall not charge DSHS for such services provided to eligible persons.

B. Fee Requirements - Low-Income Clients:

1. The County shall ensure that sliding fee schedules are adopted for use in determining the fees for low-income clients found to be eligible to receive services partially supported by Community Service funds. Sliding fee schedules shall be developed and employed in accordance with the Low-Income Service Eligibility Table that follows. Persons who have a gross monthly income (adjusted for family size) that falls below the amounts indicated on this table are eligible to receive services partially supported by funds included in this Program Agreement.

LOW INCOME SERVICE ELIGIBILITY TABLE

FAMILY SIZE	MONTHLY INCOME	ANNUAL INCOME
1	\$ 2,311	\$ 27,732
2	\$ 3,022	\$ 36,265
3	\$ 3,733	\$ 44,798
4	\$ 4,444	\$ 53,330
5	\$ 5,155	\$ 61,864
6	\$ 5,866	\$ 70,397
7	\$ 6,000	\$ 71,997
8	\$ 6,133	\$ 73,597
9	\$ 6,266	\$ 75,197
10	\$ 6,400	\$ 76,797

Each additional member add \$133 for Monthly Income
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2. The County shall charge, and require subcontractors to charge, fees in accordance with fee schedule(s) to all clients receiving assessment and treatment services who are determined, through a financial screening, to be low-income. Included as low-income clients are low-income pregnant or postpartum women up to one-year post delivery; low-income clients receiving methadone services and low-income youth under twenty years of age. Low-income clients listed above may be exempted from the fee requirement if the contractor determines that the imposition of a fee to an individual will preclude the low-income client from continuing treatment.
3. Waiting List Interim Services are exempted from this fee requirement.
4. The minimum fee per counseling visit is \$2.00. The maximum fee per service visit is the actual cost of the service provided.
5. Indigent clients, as defined above (II A.1.a.), are exempt from this fee requirement.

III. BILLING

Requests for reimbursement by the County for performance contracted services under this Program Agreement shall be submitted on an A-19 Invoice Voucher. Requests for reimbursement for Medicaid-eligible services shall be submitted through the Medical Assistance Administration, Medicaid Management Information System (MMIS). MMIS billing instructions can be found at: <http://fortress.wa.gov/dshs/maa/download/billinginstructions/chemical%20dependency%201003%20update.pdf>.

DASA shall provide the County with a two page A-19 Invoice Voucher in an Excel format via email. This invoice shall be completed using the electronic format. The invoice may **not** be submitted to DASA for payment electronically. This invoice will provide a combined claim, maintaining separation of all revenue sources served by this Agreement

Counties shall:

- Submit a separate invoice for each month of service. Supplemental invoice vouchers may be submitted. Supplemental invoices will need to indicate the month of service and a supplemental suffix number (December 2004/Supplement 1).
- Enter in the amounts corresponding to the revenue source listed under "Type of Service." Criminal Justice Services require that separate amounts be entered for Treatment, Administration, Support, and Screening.

- Complete the “Prepared By” block with the name and telephone number of the person who entered the information on the invoice.
- Print both pages of the invoice (if your printer allows, a two sided copy is preferred).
- Complete the “Vendor’s Certification” with an **original** signature of the person authorized to sign the A-10 Invoice Voucher, title, and date. (Signature stamps are **not** considered an original signature.)

Submit Invoice Vouchers to: Department of Social and Health Services
 Division of Alcohol and Substance Abuse
 ATTN: Jay Green
 P.O. Box 45330
 Olympia, WA 98504-5330

If changes are made, a revised A-19 Invoice Voucher will be prepared by DASA and emailed to the County. The County shall destroy or delete previous A-19 Invoice Vouchers and begin using the revised invoice voucher immediately.

Payment shall be on the basis of reimbursement for actual costs as defined in Chapter 6 of the DASA DCIG, Budgeting, Accounting and Reporting System (BARS) Supplementary Instructions and Fiscal Policies for the Division of Alcohol and Substance Abuse. The transfer of revenues or expenditures between funding categories is prohibited without prior written approval DASA.

IV. REPORTING

The County shall provide timely and accurate reports and other documents as deemed necessary by DASA regarding services provided directly in performance of this Program Agreement and shall ensure that subcontractors provide timely and accurate reports regarding subcontracted services.

- A. A progress report shall cover each six-month period of the program agreement and shall be submitted no later than 60 days following the end of each six-month period. Each report shall show the progress of all program services under contract in a form and manner prescribed by DASA. Each six-month report shall describe progress on:
1. Program implementation;
 2. Population(s) served;
 3. Progress toward meeting service delivery components; and
 4. Problems encountered, if any, in meeting the performance requirements and the resolution of the problems.

- B. The Criminal Justice Supplemental Services reporting is not included in the progress report that covers each six-month period of the program agreement. The County shall submit a separate Criminal Justice Supplemental Services report as specified in the Program Standards and Guidelines (See Chapter 4).
- C. DASA reserves the right to have counties report on the Federal Government Performance Reporting Act (GPRA) measures when handed down from the Center for Substance Abuse Prevention (CSAP).

V. SUBCONTRACTING

- A. The County shall ensure any subcontract awarded under the provisions of the DASA County Program Agreement contains language that passes on all agreement requirements and conditions, including the following topics:
 - 1. Subcontracting,
 - 2. Records and reports,
 - 3. Conflict of interest,
 - 4. Treatment of assets,
 - 5. DASA Management Information System reporting,
 - 6. Nondiscrimination of employment,
 - 7. Nondiscrimination in client services,
 - 8. Indemnification,
 - 9. Services provided in accordance with law and rule and regulation,
 - 10. Providing data and authorizing facility inspection,
 - 11. Audit requirements, including annual audits based upon Generally Accepted Auditing Principles (GAAP),
 - 12. Unallowable use of federal funds,
 - 13. Debarment and suspension certification for all non-Title XIX subcontractors,
 - 14. Treatment completion language,
 - 15. OMB Circular A-133 audit requirements, if applicable to subcontractor,
 - 16. Requirements outlined in the Data Sharing Arrangement in the County Program Agreement,
 - 17. Background Checks, and
 - 18. Minimum standards for urinalysis testing.
- B. In any subcontract awarded by the County or subcontract in which the authority to determine service recipient eligibility is delegated to the subcontractor, such subcontract shall include:
 - 1. A provision acceptable to DSHS that specifies how eligibility will be determined.

2. A provision acceptable to DSHS that specifies how service applicants and recipients will be informed of their right to a grievance in the case of:
 - a. Denial or termination of service, and/or
 - b. Failure to act upon a request for services with reasonable promptness.
 3. A provision, acceptable to DSHS, that states subcontract termination shall not be grounds for a fair hearing for the service applicant or a grievance for the recipient if similar services are immediately available in the County.
- C. The County shall ensure that subcontractors comply with the provisions of this section.

VI. SERVICES TO ETHNIC MINORITY AND DIVERSE POPULATIONS

Counties shall provide culturally appropriate services. Services may include, but are not limited to, any of the following:

- A. Services located in predominantly minority-populated areas and provided to predominantly minority individuals.
- B. Services targeted at minority populations. These include ethnic-sensitive program modifications to afford minorities' culturally-appropriate services in current "non-ethnic minority" programs. Also included are culturally appropriate services for other diverse populations such as persons with disabilities; or gay, lesbian, bisexual, or transgender persons; youth; the elderly; or rural populations.
- C. Services provided by minorities to minorities.
- D. Services for Federally Recognized Tribes, Urban Indian Organizations, Non-Recognized Tribes, Native American Colleges, and Indian Organizations.
- E. Minority-owned services.
- F. Limited English speaking services and services for the deaf and hard of hearing.

VII. WAITING LIST INTERIM SERVICES

- A. Waiting List Interim Services means services that are provided until an individual is admitted to a substance abuse treatment program. The purposes of the services are to reduce the adverse health effects of such

abuse, promote the health of the individual, and reduce the risk of transmission of disease. At a minimum, waiting list interim services must include, but are not limited to:

1. Screening to determine any acute client needs and to confirm client eligibility for comprehensive services.
 2. Counseling and education about HIV and tuberculosis (TB), about the risks of needle-sharing, the risks of transmission to sexual partners and infants, and about steps that can be taken to ensure that HIV and TB transmission does not occur.
 3. For pregnant women, interim services also include counseling on the effects of alcohol and drug use on the fetus, as well as referral for prenatal care.
 4. Referral to other health services (such as HIV or TB treatment services if necessary) and social services depending on the person's apparent needs.
 5. Periodic contacts with the person in individual or group settings to provide supportive counseling and to provide update information regarding treatment availability.
 6. Development of a service plan, which includes proposed services and target dates.
- B. A waiting list interim services plan record must be opened on all persons receiving waiting list interim services. The interim services plan record must include, at a minimum:
1. An application form that includes "client master data" consisting of the applicant's full name (last, first & middle); birth date; gender; race (including Spanish/Hispanic origin); social security number; address; and, telephone number;
 2. Indication of the client's priority group category;
 3. A service plan record noting proposed treatment modalities, tentative treatment date(s); and,
 4. A record of all contacts and specific referrals.

Agencies providing waiting list interim services must enter the "client master data" into the DASA Management Information System and report ongoing contacts as service hours under "Interim Services" in the same.

VIII. CHILDCARE

The County shall:

Plan, implement, monitor and evaluate the provision of childcare for the children of parents participating in substance abuse assessment and treatment activities.

A. **ELIGIBILITY:**

Childcare services shall be available and delivered to parenting clients receiving chemical dependency assessment and treatment services from contracted assessment or treatment providers and certified Native American tribal programs. Childcare may be provided for those clients while attending assessments, treatment sessions, twelve-step support groups, parenting education activities, and other supportive activities when such activities are recommended as a part of the recovery process, noted in the client's treatment plan, and approved by the County.

B. **SERVICES:**

The County shall ensure that all parenting recipients of treatment services shall be informed that childcare services are available and offered such services while participating in treatment. Documentation regarding the offer and parent acknowledgement of such offer shall be maintained.

1. All off-site childcare services (with the exception of care provided in the child's or relative's home) shall be delivered by childcare providers licensed or certified by the Division of Children and Family Services (DCFS) and Economic Services Administration (ESA) in accordance with WAC 388-150, 388-155, 388-295 and 388-296.
2. Childcare provided on a treatment site shall be licensed per WAC 388-151, 388-155, 388-295 and 388-296 while the parent(s) is/are absent from the premises; i.e., the treatment services are provided at a site different from the childcare services.
4. **When on-site childcare is not available**, substance abuse assessment workers and treatment counselors shall provide the parent with information to assist the parent in making a responsible decision regarding the selection of an off-site childcare provider. The workers/counselors shall:
 - (a) Provide parents selecting childcare services with DSHS publication #DSHS 22-516X, "Choosing Child Care: A Consumer Guide for Parents,"
 - (b) Provide parents utilizing in-home care with DSHS Publication

- (c) Supply the parent with written verification indicating the location of the childcare services, the number of hours and length of child care authorization and the payment process for the type of care selected.

The DSHS publications are available at the DSHS Warehouse. They can be requested by e-mail at dshsfpw@dshs.wa.gov, or by fax at (360) 664-0597 or by mail to PO Box 45816 Olympia, WA 98504

The confidentiality of those clients utilizing childcare services shall be according to the Federal confidentiality regulation (42 CFR, Part 2). This shall include a release of information and/or qualified service organization agreement.

IX. IDENTIFICATION OF CHEMICAL DEPENDENCY TREATMENT PROVIDERS

The County shall identify all agencies/sub-contractors that will provide chemical dependency treatment services in the county. The County shall submit a Treatment Provider Worksheet with the Program Agreement that lists the populations each agency/sub-contractor will serve and/or the services provided. The County shall ensure agencies, including all branches, providing services or receiving a sub-contract are certified by DASA to provide the services they plan to deliver.

The County shall identify all agencies that will provide assessment, treatment, detoxification, and Title XIX services in the county - including all branch facilities of each agency.

The County shall list the contract type/population to be served by each agency and branch facility identified. If the county contracts with any agency specifically for the TANF or DCFS population, they may identify it here. If they do not contract specifically for these populations, but include them in the PPW contract, they do not need to identify these populations in the identification of the contract type for the agencies. The County shall include an asterisk (*) in front of each agency and branch facility identified for which they want DASA to establish a Title XIX Contract/Provider Agreement. These are the facilities that will be contracted to provide Title XIX services to Medicaid-eligible persons.

If the County terminates a sub-contract with any agency or branch facility, the County shall submit a revised Treatment Provider Worksheet to the DASA Regional Administrator identifying:

- The name of the agency or branch facility whose contract has been terminated,
- The date the contract was terminated, and
- The date notification was sent to the agency or branch facility advising them of the termination of their contract.

If the County adds a sub-contract with any agency or branch facility, the County shall submit a revised Treatment Provider Worksheet to the DASA Regional Administrator identifying:

- The name of the agency or branch facility whose sub-contract has been added,
- The date the sub-contract was added, and
- The date the sub-contract was established with the agency or branch facility.

DASA uses the Treatment Provider Worksheet to identify the following:

- Outpatient agencies that will need to have Title XIX Contracts/Provider Agreements established;
- All publicly-funded outpatient treatment agencies in order to develop a provider directory as a reference for persons requesting this information;
- All publicly-funded outpatient treatment agencies for residential treatment agencies needing to refer residents for continuum of care treatment; and
- All publicly-funded outpatient treatment agencies, the contracts they hold (which identifies the populations they serve), in order to establish data entry ability into the DASA Management Information System (TARGET) for these agencies.

X. TREATMENT COMPLETION PLAN AND REPORTING

It has been established by research that those clients who stay engaged in treatment longer have better outcomes regarding continued sobriety, future employment, fewer contacts with the criminal justice system, and are less likely to need other “support services.”

The overriding theme of the treatment completion initiative is to improve treatment services delivery by focusing on “quality enhancements.”

Each Regional Administrator will work with the County Coordinators in their region to establish the current treatment completion baseline rate (FY 2001 TARGET Data – using the DASA established methodology), and negotiate with the county coordinator on an acceptable and realistic expectation concerning an incremental improvement of that rate.

Counties agree to submit a written treatment completion strategy based on these negotiations at the beginning of each biennium.

XI. DEFINITION AND UTILIZATION OF CASE MANAGEMENT

- A. What are Case Management Services?

Services designed to engage persons in chemical dependency treatment or to support them as they move through stages of treatment within or between separate treatment agencies. These are services that will assist clients in gaining access to needed medical, social, education, and other services. Case management activities include, but are not limited to:

- Completion of a case management plan that includes ensuring a complete assessment per WAC 388-805 is in the case file,
- Advocacy and linkage with community resources,
- Intervening with agencies/persons to help clients receive appropriate benefits or services,
- Helping the client obtain a needed service or accomplish a necessary task,
- Monitoring for continued use of drugs/alcohol and participation in treatment,
- Referrals for services and follow-up with the client to determine if referrals are successful,
- Provision of support for persons who are discharged from a chemical dependency program, or leave treatment prematurely, in order to reconnect the person to treatment, as part of the discharge plan.

B. What are the provider qualifications to provide Case Management services?

Providers of case management services, billing for case management as a Medicaid service, must be Chemical Dependency Professionals (CDPs) or CDP Trainees.

Providers of case management services, billing for case management under the County contract, must be Chemical Dependency Professionals (CDPs), CDP Trainees, or under the clinical supervision of a CDP.

C. What are the requirements for billing for Case Management Services?

- Written documentation in the client's case file giving date, duration, and referral information of each contact. Contractor must maintain files and forms to document case management activities and services received,
- Referrals for service must include contact information of other agencies that are involved in providing services to the person,
- Required release(s) of information in the case file, and
- Documentation of the outcome of case management services.

D. What are the limitations for billing for Case Management Services?

Contractors cannot bill for case management under the following situations:

- If a pregnant woman is receiving maternity case management services under the First Steps Program,

- If a person is receiving HIV/Aids Case Management Services through the Department of Health,
- If a youth is in foster care through the Division of Children & Family Services (DCFS),
- If a youth is on parole in a non-residential setting and under Juvenile Rehabilitation Administration (JRA) supervision. Youth served under the CDDA program are not under JRA supervision, and
- If a person is receiving case management services through any other funding source from any other system (i.e. Mental Health, Children's Administration, and Juvenile Rehabilitation). For Medicaid billings, youth in foster care through the DCFS are receiving case management services through DCFS.

E. Contractors cannot bill for Case Management for the following activities:

- Outreach activities,
- Services for people in residential treatment,
- Time spent by a CDP reviewing a CDP Trainee's file notes and signing off on them,
- Time spent on internal staffings, and
- Time spent on writing treatment compliance notes and monthly progress reports to the court,

F. Maximum time limitations

Case Management Services are limited to a maximum of five (5) hours per month per client.

Exceptions to the five-hour limitation may be granted on an individual basis based on the clinical needs of the individual client. Exceptions may not be granted to Medicaid-billed services as there is an edit in the Medical Assistance Administration billing system that will not allow it. The County shall be responsible for monitoring and granting exceptions to the five-hour limit, and the DASA Regional Administrator will monitor this exception process.

XII. DATA COLLECTION

Federal regulations and state law require that DASA maintain a data system that will report on all chemical dependency services to all opiate substitution treatment clients and all other clients that are publicly funded. DASA uses the Treatment and Assessment Report Generation Tool (TARGET) system to meet this mandate.

A. What is TARGET

TARGET is a CONFIDENTIAL data collection tool developed by treatment providers and the Division of Alcohol and Substance Abuse. TARGET

was developed in 1992 and first implemented in July of 1993. The system was created under the directive of the state legislature. TARGET is the fifth generation of client tracking systems produced by DASA. The system is used to insure that treatment services are helping clients to get through their chemical dependency problems and that the money being spent on these services is being well spent. TARGET collects specific information on each client and the treatment services that they receive. TARGET allows DASA and chemical dependency treatment providers to work together as a team. Information from a client's assessment, admission and discharge is entered into the confidential TARGET system.

B. The purpose of TARGET

The information entered into TARGET serves many purposes.

Treatment agencies use the collected information to test the impact of treatment programs, determine the effectiveness of treatment and progress toward treatment goals. Agencies also report information to DASA to meet contract obligations, justify public funding, to comply with state law, and the data in TARGET provides information, which agencies use to apply for grants or private funding for their treatment programs.

DASA uses summary (non-client specific) information for contract monitoring, legislative reporting, and to show how public dollars are spent at both the state and federal levels. Additionally, DASA and other research staff (having approval from the Human Subjects Review Board) use data for studies to show effectiveness of treatment, cost savings resulting from dollars spent on chemical dependency services and outcomes studies which support budget requests and effective treatment strategies.

C. The process for entering data into TARGET

All agencies providing publicly-funded alcohol/drug or opiate substitution treatment in the State of Washington are required by contract to report such services into TARGET. Reporting agencies collect and report client specific information at Assessment, Admission and Discharge in addition to treatment and other supportive activities. The information is submitted by the agency to DASA through encoded secure Internet transmission.

The information collected at assessment and admission are virtually identical with a different objective; i.e. the objective of the assessment is to determine if a client has a chemical dependency problem while the objective of the admission is to establish baseline information about a client when they enter treatment. The baseline questions are reviewed and updated at discharge in order to show relative changes, which occur during treatment.

D. How the information about clients is safeguarded

Client personal information such as social security number, birth date, gender, and ethnic background information are protected by law from any unauthorized access and disclosure. All staff are required to adhere to the strict procedures outlined in 42 Code of Federal Regulations Part 2 (Federal Regulation). This federal regulation prohibits the release of any information identifying anyone as receiving or having received services for an alcohol and/or drug problem without the specific written consent of the client involved. The federal regulations also state that the collection of a person's Social Security Number (SSN) can only be done on a voluntary basis unless the program is providing income assistance. ADATSA is the income assistance program that DASA runs, and, therefore, the only clients that can be required to submit their SSN's are ADATSA clients. All staff are charged with the responsibility of ensuring that such information is kept confidential and made available to staff and other approved individuals only on a need-to-know basis.

The regulations are quite specific about accessing information in situations where the client's written permission is not required and those situations are quite limited. The only allowed exceptions are:

- Medical personnel may access identifying information if they are dealing with a life-threatening situation.
- An accepted researcher may also use the information to conduct research. Accepted means a researcher whose specific project has been reviewed and approved by an authorized Human Subjects Review Board.
- The information can be used for specific audit and evaluation of contracted programs by an agency providing direct funding for a treatment program.
- The information can be used by state and federal agencies conducting Medicaid or Title XIX service audits.
- The information may be accessed by the courts through a very specific form of court order signed by a judge. A standard court order or subpoena is not sufficient to access this information.

E. How this information about clients is safeguarded specifically from other state agencies and the rest of DSHS

The data is stored in computers located in the DASA offices. The computers are located in a locked facility in a locked unmarked room. All data is maintained on machines that require double log-ins and passwords. Only DASA Information Technology (IT) staff have access to this computer room. Access to any client identifying information in the data system is limited to those programs that put the information on the client into the system and to those state or county staff that have a legal need to know the specific information.

No information that identifies an individual client is shared with any other agency (county, state federal or other) unless the request is specifically approved in writing by the client or the sharing meets one of the exceptions described in the previous section. All DASA staff are required to sign an Oath of Confidentiality that states specifically the prohibitions in the federal law and indicates the criminal penalties for violations.

XIII. BACKGROUND CHECKS

State law requires that children, vulnerable adults, and persons who are developmentally disabled receiving services in the State are to be protected from the possibility of criminal activity by people who have been convicted of certain crimes.

All County staff, subcontractors or volunteers who have unsupervised access to children or vulnerable adults are required to have a background check. These requirements are listed in RCW 43.20A.710, RCW 43.43.832, RCW 74.34, and RCW 71A.10.020. All persons convicted of crimes listed in RCW 43.43.830 through RCW 43.43.842 are prohibited from having access to clients. Unsupervised access is defined in RCW 43.43.830(9).

DASA provides a Background Check Resource Guide that contains information and guidance to assist in meeting the requirements of RCWs and WACs related to background checks. This guide can be accessed through the Washington State Alcohol/Drug Clearinghouse.

XIV. URINALYSIS TESTING STANDARDS AND PROTOCOLS

The County shall use the following standards and protocols as minimum requirements when contracting for urinalysis testing services with testing laboratories when using DASA funding to pay for the testing:

- Contractor must maintain current laboratory certifications with Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA) or other national laboratory certification body.
- All testing shall be done by approved screening tests and meet all forensic standards for certified laboratories. The use of "Instant Test Kits" is allowed only as a screen and must be confirmed if the screen is positive.
- Gas Chromatography/Mass Spectrometry (GC/MS) must automatically confirm all positive screens, with the exception of methadone. For individuals on methadone, an immunoassay-screening reagent that detects EDDP (methadone) may be utilized.

- For Opiate Substitution Treatment Programs (OSTP) require a minimum of a five panel screens plus adulterants including creatinine. Cocaine, Methadone, Opiates, Methamphetamine and Benzodiazepines must be included in the five-panel screen.
- Minimum testing needs for OSTP programs require the following five panel screens plus adulterants including creatinine.
 1. Amphetamine/methamphetamine - 1000 ng/mL
 2. Benzodiazepines - 200 ng/mL
 3. Cocaine - 300 ng/mL
 4. Methadone 300 ng/mL
 5. Opiates - 300 ng/mL
- Cocaine, Methadone and Opiates must be included in the five-panel screen. Programs may substitute up to two other drugs, including THC, in the five-panel screen for documented clinical purposes. Confirmation Cutoffs:
 - Amphetamine/Methamphetamine – 500ng/ml
 - MDMA – 250 ng/mL
 - Benzodiazepines: - 200 ng/ml
 - Nordiazepam
 - Oxazepam
 - Temezepam
 - Lorazepam
 - Clonazepam
 - Aprazolam
 - Cocaine met. (Benzoylecgonine) – 150 ng/ml
 - Methadone – 100 ng/ml
 - EDDP – 25 ng/ml
 - Opiates:
 - Morphine – 300 ng/ml
 - Codeine – 300 ng/ml
 - 6-acetylmorphine – 10 ng/ml
 - Hydromorphone – 300 ng/ml
 - Oxycodone – 300 ng/ml
- Opiate positive screens must be confirmed for codeine, morphine, hydrocodone, hydromorphone, oxycodone, and 6-acetylmorphine.
- Benzodiazepine positive screens must be confirmed for nordiazepam, oxazepam, temazepam, lorazepam, clonazepam, and alprazolam.
- For Outpatient and Residential Treatment programs require a minimum of a four panel screens plus adulterants including creatinine. With establish confirmation cutoff.
 1. Amphetamine/methamphetamine - 1000 ng/ml

2. Cocaine - 300 ng/ml
3. Opiates - 300 ng/ml
4. Cannabinoid (THC) at 50 ng/ml; all positive screens quantitated

All positive screens must be confirmed by GC/MS.

Confirmation Cutoffs:

- Amphetamine/Methamphetamine - 500 ng/ml
 - MDMA/MDA - 250 ng/ml
 - Cocaine met. (Benzoylecgonine) - 150 ng/ml
 - Opiates:
 - Morphine - 300 ng/ml
 - Codeine - 300 ng/mL
 - 6-acetylmorphine - 10 ng/ml
 - Hydrcodone - 300 ng/m:
 - Hydromorphone - 300 ng/ml
 - Oxycodone - 300 ng/ml
 - THC:
 - Carboxy-THC - 15 ng/ml
- Alcohol testing should be part of the drug testing panel only when the donor is suspect by odor or overt behavior.
 - Agencies using the service should be able to request substitute combinations of the panel screens at the same unit price.
 - Contractors shall appropriately retain positive samples for a period of no less than six months or other agreed timelines with agency, after the results have been reported to the agency using the service.
 - Contractors shall be required to provide a secure chain of custody for handling and processing of specimens. All forms used for specimens shall meet chain of custody requirements for users to be in compliance to a court of law.
 - Contractor shall have "Test Result Reporting" policies and procedures that are timely and meet the needs of the agency using the service. For all programs, all results communicated other than with original written report will be confirmed by mailing original to agency location within five working days.
 - Contractor shall provide all necessary supplies for sample collection and transportation of specimens. All locations that have an average pickup of at least five samples per pickup will receive courier service. Schedules for regular pickups will be established according to the individual location needs. For locations, which require courier service, specimens will be picked up Monday through Friday during normal agency working hours or via lock boxes after hours. All other samples will be submitted via prepaid next day delivery mailers. Mailers will conform to any applicable laws and regulations.

- Contractor shall provide training and ongoing technical assistance to agencies regarding all requirements for successful collections, proper storage, chain of custody information, preparation of sample and other needed methodology for effective administration of UA technology.